

of iodoform in equal parts of glycerine and alcohol. Here and there the abscess would gradually diminish after even one injection, commonly after two or three, and presently disappear entirely. Of 54 abscesses treated in this way, 40 were cured including numerous voluminous ones with $1\frac{1}{2}$ to 1 lb. pus, especially a number of large sinking abscesses of pelvis and thigh from spondylitis. As the major part of the cured abscesses were certainly tubercular the constant results of the treatment with iodoform can only be explained by its continuous contact with the cavity-lining causing degeneration of the tubercles and the tubercular layer of the abscess-wall. This action was directly proven on a number of patients by excision of the wall some time after the injections. Exact histological examination by Prof. Nauwerck showed that the bacilli had always disappeared and tubercles ceased to proliferate. The tubercular layer of the abscess-wall yields to necrosis and fatty disintegration, and is displaced by normal vascular granulations, until they mix with the fluid contents. Hence the antitubercular action of iodoform is specific, antibacillary.—Rept. of XVI Germ. Surg. Congress in *Centbl. f. Chirg.*, 1887, No. 25.

(1). VI. On the Germs Contained in Soaps and Dressing Materials. By Dr. A. VON EISELBERG (Billroth's clinic). (2). On Sterile Dressing Materials. By Dr. SCHLANGE (Berlin). The first investigation covered a variety of soaps (surface as well as center of the samples examined), almond paste, white (hydrophile) gauze both fresh and such as had been cut up and distributed for use, sterilized gauze-compresses, iodoform and carbolic gauze, iodoform wicking, absorbent cotton, the center of dressings already used, calico, wood wool, plughawar Djambi (a styptic) and tents of sponge, tupelo, and laminaria.

The almond, glycerine, potash and sublimate soaps are in general free from bacteria so that their immediate use for washing the surgeon's hands and the operative field is admissible.

Other cheaper soaps are not so free from germs, but may be used, preferably after longer heating to 100° or soaking for $\frac{1}{4}$ to $\frac{1}{2}$ hour in $\frac{1}{10}\%$ sublimate.

Almond paste is so rich in germs that it ought to be sterilized by drying in cotton-plugged glass receptacles. White gauze should be boiled just before impregnation with iodoform mixture. This latter procedure and the subsequent drying ought not to be carried on in sick rooms, but in pure, dust free air. For the various dressing materials he advises sterilization by drying at 100° C. and preservation in air-tight glass receptacles. It is advisable to treat the different tents, especially those of sponge, in like manner. Laminaria sometimes splits longitudinally on heating the requisite 10 min.—*Wien. Med. Woch.*, 1887, Nos. 19, 20, 21.

The conclusions arrived at by Schlange are, so far as they go, in harmony with the preceding. He found that none of the dressing materials in the market were with certainty free from germs. Evidently, their sterility had been lost by the drying and packing after their impregnation with antiseptics. Of course, most of these casual germs are not pathogenic, but there is no guarantee.

Dry sublimated gauze is not practically a parasiticide. However, its favorable action explains the experience of certain surgeons that an aseptic wound is safe under simply an aseptic dressing.

The correct preparation of dressing material then consists in destroying all organisms in it. In the Berlin clinic this is now accomplished by subjecting the material to a current of steam of 100° C.

In the discussion Höffler stated with regard to antiseptic material now being stored for the German army that the centres of the packages were quite sterile, and that from the outside layers only occasional germs could be developed.—Rept. of XVI Germ. Surg. Congress in *Centbl. f. Chirg.*, 1887, No. 25.

VII. Practical Value of Secondary Wound-Suture. By Prof. HELFERICH (Greifswald). This modification, introduced by Kocher and Neuber [*v. ANNALS*, 1885, Jan., p. 89, and 1886, May, p. 436] and very recently described by Bramann from Bergmann's clinic, is regarded by H. as the most important of any since wounds were first sutured. Its original purpose was to do away with drainage.

The cases where this method is valuable he divides into four groups.

1. Where it is proposed to operate for septic local affections in inflamed or suspicious tissue. If deformative operations are here under-